VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

October 28, 2019

Ms. Catherine Rooney, Manager
Owen House, Ltd
3 Union Street
Fair Haven, VT 05743-1028

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 4, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0382	A. BUILDING _____ B. WING _____	C 09/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OWEN HOUSE, LTD	3 UNION STREET FAIR HAVEN, VT 05743

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R100	Initial Comments: An unannounced on-site complaint visit was made by the Division of Licensing and Protection on 9/4/19 to determine regulatory compliance with having Registered Nurse coverage. During the survey it was identified and confirmed that the facility is currently without a Registered Nurse and has not had coverage since December 2018. This was determined to represent a situation that requires Immediate Corrective Action (ICA) due to the risk to the safety of residents. The facility was notified of the need for ICA in writing on September 5, 2019, and in response, the facility submitted an Immediate Corrective Action plan on September 11, 2019.	R100	R100 Beth Quinn thru VNA is the registered nurse for the facility	
R126 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide the necessary services to provide or arrange to meet the nursing and medical care needs for 6 of 6 residents in the sample, Resident #1, 2, 3, 4, 5 and 6. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: During the investigation on 9/4/19, it was	R126	R126 RN will be notified of the date resident will be admitted so the care plan/medication delegation can be completed within 24 hrs & the assessment within the 14 days On day of admission will call nurse that resident has arrived so necessary paperwork will be completed. POC amended 10.28.19 BB/RN	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Manager — (X6) DATE: 10/25/19

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R126	Continued From page 1 Identified and confirmed that the facility is currently without a Registered Nurse (RN) to provide nursing oversight and delegation of nursing tasks, and has been without RN coverage since December 31, 2018. Residents in the home are having medications administered by unlicensed staff, without RN review and direction. Resident #4 has not had a resident assessment completed since 4/2/18, Resident #5 was last assessed by the RN 6/21/18 and Resident #6 has a signed assessment dated 4/29/18, without an annual completed assessment. Resident #2 was started on Metformin on 4/19/19 and Atorvastatin on 4/22/19, with no RN review or direction to staff. Resident #2 also has a care plan that states s/he is to be seen by the RN monthly and as needed. The owner confirmed at 10:30 AM on 9/4/19, that there has been no RN coverage since December 2018 and no RN oversight to meet the medical and nursing needs of the residents. It was further confirmed at this time, by the owner, that unlicensed staff have been giving medications to the residents without RN oversight or direction.	R126		
R136 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by:	R136	R136 Annual assesments for all residents will be completed by 10/31/19. 4 of 6 are already completed The 3rd week of every month all resident records will be reviewed to keep records in compliance Poc emptied 10.28.19 BB/A	

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R136	Continued From page 2 Based on staff interview and record review, the facility failed to insure that resident assessments for 4 of 6 residents, Residents #1, 4, 5 and 6 were completed annually. Findings include: Review of medical records on 9/4/19 presents that Resident #1 last had an assessment completed on 4/2/18. Resident #1 had a significant change in condition and was admitted to the Visiting Nurse Hospice services on 12/19/18, but there is no evidence that a significant change assessment was completed by the RN that was covering the facility. Resident #4's last signed annual assessment completed by the Registered Nurse (RN) on 4/3/18, Resident #5 was last assessed on 6/21/18 and Resident #6's last dated assessment was 4/29/18. The owner confirmed on 9/4/19 at 10:30 AM that there has not been a Registered Nurse available to complete the annual assessments. S/he further confirmed that there was not a significant change assessment that was done for Resident #1.	R136		
R146 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by:	R146	R146 All staff who provide medication management have been medication tested by RN of facility All staff have been directed that if resident has a medication change/fall/injury that RN will be notified immediately & recorded in log. poc imt 10.28.19 SB/DL	

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R146	Continued From page 3 Based on staff interview and record review, there is no evidence that the facility provided a Registered Nurse to provide instructions and supervision to all direct care staff regarding the health care needs and delegation of nursing tasks as appropriate for 6 of 6 residents that live at the facility. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: During an investigation of the home regarding a concern that there was no oversight from a Registered Nurse (RN), it was identified and confirmed that the facility is currently without RN coverage and has not had coverage since 12/31/18. There is no evidence that an RN has assessed the staff that are medication delegated for greater than one year. The owner stated that s/he could not recall the last time that an RN had been at the facility and confirmed that the dated monthly summaries that were signed by the RN on 12/31/18 was the last time there was oversight. S/he further stated that s/he directs the staff regarding following the physician orders for the resident medications and confirmed that s/he is not a Registered Nurse. Per statement of the owner, if a resident has a fall or a need for the physician, they are sent to the emergency department without contacting an RN.	R146		
R147 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of	R147		

pic sent 10.28 4 BB JK

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R147	Continued From page 4 administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the Registered Nurse maintained a current list of all the resident's medications for review by staff and physician, for Resident #1, 2, 3, 4, 5 and 6. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: The current medication list that is in the medical record of Resident #1, 2, 3, 4, 5 and 6 is maintained by the owner of the facility, who confirmed on 9/4/19 at 10:30 AM, that s/he is not a Registered Nurse (RN). S/he further confirmed that there has been no RN in the facility since December 2018 and that if there are changes in the resident's medications, s/he maintains the list. During review of the records for Resident #1, it was found that the resident had changes in medication that included increase of Fentanyl to 25mcg (micrograms) every two hours if okay with the family. The Fentanyl was documented on the medication administration record (MAR), the list of current medications, to have staff apply two 12 mcg patches every two days. On 2/7/19 Resident #1 also had an order for Ranitidine 150 mg (milligrams) BID (twice a day) and Olanzapine 2.5 mg (milligrams) to be started daily, but the Ranitidine was not started until 3/28/19 and the Olanzapine was not started until 4/1/19. The owner stated at 11:00 AM on 9/4/19 that the medication orders and changes were not reviewed by an RN and s/he was the person that added them to the current medication lists.	R147	R147 The RN will review monthly all resident records & immediately when there is a medication change This will be reviewed every 3rd week of each month to keep in compliance poc amend 10.28.19 BB/A	

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R148 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.8c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that resident's medications are reviewed periodically for all six of the six residents that reside in the home. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: 1. During record review of the medical records, it was found that there is no signature on the medication administration record (MAR) that the care givers use to determine what medications are given to the resident. Further review of the records showed that the last visit from the Registered Nurse (RN) was in December 2018. The owner stated at 10:30 AM on 9/4/19 that the RN only checks the medications when a resident comes to the facility. S/he further stated that the s/he is the person that reviews and copies the medications on the MAR from month to month and s/he stated that the information comes from doctor orders and what was on the previous month's MAR. The owner confirmed at 10:30 AM that s/he reviews the medications for the residents and s/he is not an RN. 2. During review of the records for Resident #1, it was found that the resident had changes in medication that included increase of Fentanyl to 25mcg (micrograms) every two hours if okay with	R148	R148 The RN will be notified immediately of any medication changes so the MARS has the proper supporting documents for the changes This is monitored every 3rd week of month by reviewing residents records Recent 10.28.19 BB	

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R148	Continued From page 6 the family. The Fentanyl was documented on the medication administration record (MAR), the list of current medications, to have staff apply two 12 mcg patches every two days. On 2/7/19 Resident #1 also had an order for Ranitidine 150 mg (milligrams) BID (twice a day) and Olanzapine 2.5 mg (milligrams) to be started daily, but the Ranitidine was not started until 3/28/19 and the Olanzapine was not started until 4/1/19. The owner stated at 11:00 AM on 9/4/19 that the medication orders and changes were not reviewed by an RN and s/he was the person that added them to the current medication lists. 3. Resident #2 received orders from the physician on 4/19/19 to start Metformin and on 4/22/19, s/he was started on Atorvastatin. There is no evidence that the RN reviewed the medications before administration by unlicensed staff and the owner confirmed at 11:00 AM on 9/4/19 that there was no review by an RN.	R148		
R155 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a Registered Nurse on duty that assumed the responsibility for staff performance in the administration of medications in accordance with the home's policies. This	R155	R155 The staff who assist with medication have been compency medication Testeds have passed their performance testing This is monitored every 3rd week of month by reviewing resident records per cmt 10.28.19 SZ/BT	

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R155	Continued From page 7 citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: Per review of the home's policies, they dictate the Registered Nurse (RN) responsibility for staff performance in the administration of resident medications. The policy was not adhered to, as the home did not have RN coverage since December 2018. The policy for administration of psychotropic medication required the Abnormal Involuntary Movement Scale administered every six months for patients on psychotropic medications was not followed as there was no RN coverage. The policy for nurse oversight quotes the Vermont State Residential Care Home Licensing Regulations regarding medication administration which states; that the RN will assure that residents medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem (5.9.c(5)), assume responsibility for staff performance in the administration or assistance with resident medication per house policies (5.9.c(12) and 5.10.d(3)). It continues to include reference to teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications and potential side effects (5.10.d(3)(i)) and the assessing of the resident's condition and the need for any changes in medications, monitoring and evaluating the designated staff performance in carrying out the RN's instructions (5.10.d(3)(ii) and 5.10.d(iv). Per confirmation on 9/4/19 at 10:30 AM by the owner, the policies were not followed because there was not RN coverage for the facility since December 2018.	R155	poc entered 10.28.19 OBJ	

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R161	Continued From page 8	R161		
R161 SS=L	V. RESIDENT CARE AND HOME SERVICES	R161		

5.10 Medication Management

5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure that the manager of the home ensured that all medications were handled according to the home's policies. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include:

1. Review of the home's policies for nurse oversight states that the Registered Nurse (RN) will assure that resident's medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem. The policies also include that the RN will assess the resident's condition and the need for any changes in medications and monitoring and evaluation the designated staff performance in carrying out the RN's instructions. Per care giver interview on 9/4/19 at 8:30 AM, s/he doesn't know when the medication tests were taken and said that the RN never came to pick them up. The owner confirmed on 9/4/19 at 10.30 AM, that there was no RN coverage for the home since December of 2018 and there had been no RN oversight of staff designated to administer medications. The staff took a medication administration quiz in 2019, but there are no dates to indicate when they were taken

R161
The RN visits monthly and if there are medication changes to be reviewed
This is monitored every 3rd week of month by reviewing residents records

per amy 10.28.19 SSLP

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R161	Continued From page 9 and no signature of who administered the quiz. 2. Review of the home's policies, that dictate the Registered Nurse (RN) responsibility for staff performance in the administration of resident medications, was not adhered to, as the home did not have RN coverage since December 2018. The policy for administration of psychotropic medication required the Abnormal Involuntary Movement Scale administered every six months for patients on psychotropic medications was not followed as there was no RN coverage. The policy for nurse oversight quotes the Vermont State Residential Care Home Licensing Regulations regarding medication administration which states; that the RN will assure that residents medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem, assume responsibility for staff performance in the administration or assistance with resident medication per house policies. It continues to include reference to teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications and potential side effects and the assessing of the resident's condition and the need for any changes in medications, monitoring and evaluating the designated staff performance in carrying out the RN's instructions. Per confirmation on 9/4/19 at 10:30 AM by the owner, the policies were not followed because there was not RN coverage for the facility since December 2018.	R161		
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management	R163		

POC cmt 10.28.19 BB/SL

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R163	Continued From page 10	R163		

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review the facility failed to ensure that a registered nurse (RN) conducted an assessment consistent with the physician's diagnosis and orders for 1 of 5 residents, Resident #1, for unlicensed staff to be able to administer medications. Findings include:

Per record review, Resident #1 was admitted to Hospice services on 12/19/2018. The most current assessment in the record was dated 4/12/2018. There was no evidence that a significant change assessment was conducted when Hospice services began. On 2/7/2019, the physician signed orders for Ranitidine 150 mg (milligrams) twice daily and Olanzapine 2.5 mg daily. Per review of the medication administration record, he Ranitidine was not started until 3/28/2019. The Olanzapine 2.5 mg not started until 4/1/2019.

On 9/4/2019 at 10:30 AM, the manager of the facility confirmed that there was no evidence that a significant change assessment was completed by an RN when the resident was placed on Hospice services.

Per interview with the manager on 9/4/2019 at approximately 11:00 AM, confirmation was made

R163
The RN is notified immediately of any medication changes to residents for review
This is monitored every 3rd week of month by reviewing residents records

Rx mgmt 10.28.19 BB/RL

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R163	Continued From page 11 that the medications had not been started when ordered. S/he also confirmed that there was no evidence that an RN had reviewed the medications and completed an assessment of Resident #1 prior to unlicensed staff administering new medications.	R163		
R165 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that unlicensed staff administer medications only after the Registered	R165	R165 Staff have all been medication delegated by the RN This is reviewed every 3rd week of month Doc cmpt 10.28.19 BB JD	

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R165	Continued From page 12	R165		

Nurse has provided teaching and information about the resident's condition, medications and potential side effects, established a communication process, assessed the resident, and monitored/evaluated staff performance. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include:

1. Review of the medical records for the six residents that reside in the home failed to provide evidence that a Registered Nurse (RN) oversaw the monitoring and evaluating of the staff performance in carrying out the nurse instructions; or that an RN assessed the resident's condition and need for any changes in medications. Resident #1 had changes in medication that included increase of Fentanyl to 25mcg (micrograms) every two hours if okay with the family. The Fentanyl was documented on the medication administration record (MAR), the list of current medications, to have staff apply two 12 mcg patches every two days. On 2/7/19 Resident #1 also had an order for Ranitidine 150 mg (milligrams) BID (twice a day) and Olanzapine 2.5 mg (milligrams) to be started daily, but the Ranitidine was not started until 3/28/19 and the Olanzapine was not started until 4/1/19. The owner stated at 11:00 AM on 9/4/19 that the medication orders and changes were not reviewed by an RN because the home did not have RN coverage at the time of the medication changes.

2. Resident #2 received orders from the physician on 4/19/19 to start Metformin and on 4/22/19, s/he was started on Atorvastatin. There is no evidence that the RN reviewed the medications before administration by unlicensed staff and the owner confirmed at 11:00 AM on 9/4/19 that there was no review by an RN and

POC amt 10.28.19 BS/RL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0382	A. BUILDING: _____ B. WING _____	C 09/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OWEN HOUSE, LTD	3 UNION STREET FAIR HAVEN, VT 05743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 13 confirmed that unlicensed staff administered medications without direction and oversight of an RN. 3. All residents of the facility are being administered medications by unlicensed staff without any RN oversight since December 31, 2018.	R165		
R178 SS=L	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that there is always sufficient number of qualified personnel available to provide the necessary care and to maintain a safe and healthy environment. This citation requires Immediate Corrective Action due to the risk to resident safety. Findings include: Review of the resident records, there is no evidence that a Registered Nurse (RN) oversaw the provision of care and development of plans of care. The facility has been without an RN to provide the nursing oversight and delegation of nursing tasks, including medication management. Unlicensed staff are providing nursing care and medication administration without any nursing oversight or supervision. There have been no RN	R178	R178 Staff have been medication delegated and the RN is notified immediately of any medication changes This is monitored every 3rd week of month to by reviewing records Accept 10.28.19 BB	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R178	Continued From page 14 visits since December 2018. A resident was admitted March of 2019 with medical and nursing needs, who was not provided with any of the required nursing services. This resident has had numerous falls since admission and was found to have a medication-related issue upon a visit to the emergency department in August of 2019, causing hypotension, which may have contributed to the falls. Unlicensed staff are administrating multiple medications to this resident without being delegated to do so by a licensed RN. Confirmation was made by the owner on 9/4/19 at 10:30 AM that the home has not had RN coverage since December 2018.	R178		

Accepted 10.28.19 BB JM